



Division of Laboratory Services
630 Hart Lane
Nashville, TN 37216
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

Disease/Agent Suspected or Test Requested:

Arboviral Panel (West Nile, Eastern Equine Encephalitis, Western Equine Encephalitis, St Louis Encephalitis, LaCrosse)

| | |
|---|--|
| Provider Requirements | |
| Acceptable Specimen Sources/Type(s) for Submission | Paired serum samples <ul style="list-style-type: none">• Acute and• Convalescent (14 days) |
| TDH Requisition Form Number | PH-4182 |
| Media Requirements | <ul style="list-style-type: none">• Red-stoppered vacuum tube (whole blood)• Sterile, plastic screw capped vial (serum) |
| Special Instructions | PTBMIS Order Code: ARBOVRS (Arbovirus Panel) StarLIMS Order Code: 5021 (Arbovirus Panel) |
| Shipping Instructions | Ship Cold on cold packs |
| Laboratory Section Performing Testing | Knoxville Regional Laboratory |
| Lab Location(s) Performing Test | Knoxville |

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).